

SELF SURVEY MODULE
483.15 (a) DIGNITY

TAG F241

REGULATION: F241 (a) Dignity

The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

INTENT: To the resident's way of thinking about themselves and others, the intent of the dignity tag is to create a way of living in a group setting that allows residents to be comfortable and happy by making the resident feel they are valuable as unique people.

DATA COLLECTION:

- A. Things to think about
 - 1. In every area of the residents' life we must focus on how the residents feel about every part of their lives at the facility.
 - 2. Dignity issues may also include how the residents feel that other residents are being treated.
 - 3. Be aware of what residents want their life and care routines to be like, and try to do things that way as much as possible, not for staff convenience.
 - 4. Residents are individual people, not objects and not just members of a group of people.

OBSERVATIONS:

- A. "Where do we look for dignity and what do we look for?"
 - 1. Look everywhere and look at everything.
 - a. In every part of the facility, inside and outside.
 - b. Even the smallest problem can become a dignity issue if it makes a resident feel badly about his or her life at the facility.
 - 2. Look at anything that could affect the way a resident feels about his or her own self-worth as a person.
 - a. How people get along.
 - b. How people talk to each other.
 - c. How people respond to residents' needs and wants will show everyone how much value is placed on the residents.
 - 3. Look at everything **around** the resident.
 - a. Everything (equipment and people) should work to make sure the resident is comfortable and happy in the facility.
 - b. Repair or provide equipment so the residents can use what they need.
 - c. Keep the home clean and look for ways to improve residents' ability to get around in and out of the facility.
 - 4. Look at everything involved **with** the resident. The overall appearance and experiences of residents can tell much about the value placed on their care at a facility:
 - a. Grooming as resident prefers
 - b. Respect for personal items

- c. Call lights answered timely
 - d. Pleasant dining room experience (noise level, table mates)
 - e. Respectful care giving
- B. Look for dignity the minute you come on the facility property.
 - 1. Use all of your senses:
 - a. smell
 - b. touch
 - c. sight
 - d. sound
 - e. taste
 - f. intuition to observe for dignity issues
 - 2. If you feel uncomfortable with a situation involving residents, then dignity may be involved.
 - 3. Little things mean a lot:
 - a. The smallest task such as good grooming (hair, nails, teeth, clothes)
 - b. Having time to communicate with staff or complete tasks, can improve a resident's dignity.
 - 4. Dignity is what a resident thinks, feels and believes it is.

INTERVIEWS:

- A. Who is interviewed and why
 - 1. The resident is the most important interview, after that there are many sources who have information about the resident's dignity:
 - a. Family members
 - b. Staff in every department (any employee who knows about the resident's life.
 - c. Volunteers
 - d. Visitors: anyone living on the nursing home property, but not a nursing home resident can be considered a visitor.
 - e. Doctors
 - f. Resident Council
 - g. Family Council
 - h. Ombudsman
 - i. Community Advisory
 - j. Committee members
 - k. Anyone who knows about the resident's life in the facility.
- B. Things to think about:
 - 1. Questions should center around the *residents' feelings* about their life at the nursing home.
 - 2. Be aware that residents will often feel emotions such as fear or loyalty that will influence their answers.
 - 3. Interview questions should start off seeking broad information. Use the answers to ask questions that will gain more specific facts.
 - 4. Having a variety of all levels of staff interview residents may give a different point of view to both staff and resident and may result in more useful information.

5. Let the answers to interview questions lead you to asking questions about other parts of the resident's life. Dignity issues may lead to questions regarding staffing patterns, schedules, activities, or social services.
6. The facility should be able to show through documentation how they have tried to solve or address the issues brought up by the resident, the family or others.

RESIDENT INTERVIEW:

1. how do you feel about your life here at the facility?
2. how is it here for you?
3. are you getting the help you need?
4. tell me about the help you get here.
5. help me understand about your situation here.
6. how are you treated by the staff?

*** These questions can often be followed by "Is this your choice?"

FAMILY INTERVIEW:

1. In what condition do you find the resident when you visit?
2. Have you ever had any problems or concerns about the care here?
3. Who is aware of your concerns, and what have they done to help resolve them?
4. Tell me about your family member's situation here.
5. Help me understand what your resident's life is like here.

DOCUMENTATION:

- A. Where would it be written and why?
 1. There are numerous places that documentation may be present to demonstrate how a facility is dealing with dignity issues. This is a partial list:
 - a. Progress Notes
 - b. Assessments
 - c. Patient Care Plan
 - d. Incident Reports
 - e. Resident Assessment Protocol Summaries (RAP's)
 - f. Nursing, Social Work, Activity, or Doctor Summaries
 - g. Social History, Progress Notes or Confidential files
 - h. Activity Notes
 - i. Resident Council Minutes
 - j. Family Council Minutes
 - k. Policy and Procedures Manual
 - l. Grievance Policies
 - m. Grievance report file
 - n. Chaplain's notes
 - o. Admissions Packets
 - p. Quality Assurance Committee Notes
 - q. Restraint Committee Notes

- B. Things to Think about:

1. Documentation should show what is being done for the resident and why, by:
 - a. Showing that the event(s) that caused a concern about dignity did occur.
 - b. Keeping track of how often the event has occurred (this will establish a pattern, if one exists).
 - c. Looking at what has been done by the staff or others in the past to try to resolve the concern.
 - d. Using the pattern to decide what to do to help the resident with resolving dignity issues now.
 - e. Looking back at the solutions to see if they really helped the resident feel better about their life at the nursing home.

*** Every member of the staff who may be involved with resolving the concerns needs to be aware of what the plan is and how it should be carried out.